Session 1 Topics

Topic 1 Housekeeping and Introductions – 25 minutes
- A. Housekeeping
- B. Introductions

Topic 2 Session Expectations and Discussion Guidelines – 30 minutes
- A. Session Expectations
- B. Discussion Guidelines
- C. Respecting Our Differences

Topic 3 Overview of Peer Counselor Program – 15 minutes

Topic 4 Overview of Training – 15 minutes

Topic 5 Anatomy of the Breast – 30 minutes
- A. Breast Anatomy
- B. Types of Nipples
- C. Breast Surgery

Topic 6 Milk Production – 20 minutes
- A. Hormones Involved with Milk Production
- B. Stages of Milk Production
- C. Milk Ejection Reflex

Topic 7 Best Start 3-Step Counseling Strategy – 90 minutes
- A. Best Start Overview
- B. The Three Steps
- C. Putting It All Together

Topic 8 Closing Activity and Preview – 15 minutes
- A. Closing Activity
- B. Preview of Session 2
- C. Homework

Topic 1 – "Housekeeping" and Introductions

A. Housekeeping

1. Please **sign in** and **make** a name-tag and table tent. If your baby is with you **write** your baby's name under your name.

2. **Listen** as your facilitator **welcomes** you, **introduces** herself, and **reviews** the following:
   - Location of restrooms
   - Child care, if available
   - Session schedule, including breaks/lunch
   - Phone number of training site (in case someone needs to contact you in an emergency)

B. Introductions

The activity below is designed for us to get to know each other.

Find a partner and spend about five minutes **sharing** the following information:

- Your name
- Number of children you have
- Your breastfeeding experience
- How you learned to breastfeed
- Who helped/supported you to breastfeed

Listen to your partner's answers. Take turns **introducing** your partner to the group.

Topic 2 – Session Expectations/Discussion Guidelines

A. Session Expectations

Listen as your facilitator **reads** the following list of session expectations:

- Attend all sessions (mandatory)
- Arrive on time
- Meet your baby's needs if you have brought him or her (a fussy baby is a class distraction)
- Keep your cell phones muted
- This training is designed to get everyone involved with the learning process. If at anytime you wish to pass on an activity, please feel free to do so.
- Follow along in your training manual

B. Discussion Guidelines

Listen as a volunteer **reads** the following list of discussion guidelines:

- Stay on the topic
- Become involved in discussions
- Share the time
- Encourage each other
- Respect other's opinions and experiences
- Keep side conversations to a minimum

What questions do you have about these expectations and discussion guidelines?

What other expectations or discussion guidelines would you like to add?

Share with the group.

Record agreed upon additions on the lines below.

_____

_____

_____

_____

C. Respecting Our Differences

It is important to respect everyone's opinions and beliefs, even when they are not the same as our own. Many factors, especially culture and family, play a role in who we are. A mother's beliefs and family will affect how she feeds her baby more than anything else. Other factors that may influence whether we breastfeed or not include:

- Religion
- Age
- Education
- Income
- Length of time in the United States
- Where we live

Understanding and respecting a mother's beliefs and practices will help in gaining her trust and in beginning a positive relationship. Keep in mind not every mother from the same group shares the same beliefs about breastfeeding and raising her children.

Let's **identify** how we are alike and how we are different. Answer the following questions:

1. Where were you born? (City, State and Country)

2. What's your family ethnicity or heritage?

3. Describe a common breastfeeding or infant care practice or belief you learned from your family.

4. Describe a breastfeeding belief you now have that differs from a family member's belief.

5. How difficult was it for you to have a different belief than this family member?

6. How can you support a mother whose family member has a different belief?

Share your answers in small groups.

Discuss with the large group why it is important for peer counselors to respect everyone's differences.

Topic 3 – Overview of Peer Counselor Program

Peer counselor programs help to increase breastfeeding success by providing mother-to-mother support. Peer counselors have both personal experience and training to help mothers breastfeed. Mothers who have a peer counselor often choose to breastfeed. They also breastfeed beyond the first few days or weeks after having their baby. Peer counselors:

- Help pregnant women get ready to breastfeed
- Talk to mothers about their thoughts on breastfeeding
- Help new mothers get breastfeeding off to a good start
- Explain ways to prevent common breastfeeding problems
- Talk to mothers about ways to solve common breastfeeding problems
- Refer mothers to lactation specialists, health care providers and other services

Most peer counselors help mothers over the telephone. With experience, some peer counselors teach breastfeeding classes at WIC. Others provide home or hospital visits to new mothers. The type of duties peer counselors perform depends on the WIC agency. If you are chosen to be a peer counselor, your supervisor will let you know what your duties will be.

Keep in mind that peer counselors do not tell mothers what is medically wrong with them or their baby (diagnose). They also do not tell mothers how to solve medical problems. Only certain licensed professionals may do so. Practicing medicine without a license is against the law! Peer counselors help mothers by encouraging them to breastfeed and helping them to prevent common problems.

Turn to a partner and **discuss** how a peer counselor could have helped you or did help you when you were breastfeeding.

What questions do you have about the role of peer counselors?

Topic 4 – Overview of Training

1. Silently **read** the topics for each session located in the front section of your manual and:
   - **Place** a check mark next to the topics you know the most about
   - **Place** a question mark next to the topics you want to learn more about
   - **Think** about what topics you want to learn that are not included in this training, and if any, **write** them in the space below

   _____

   _____

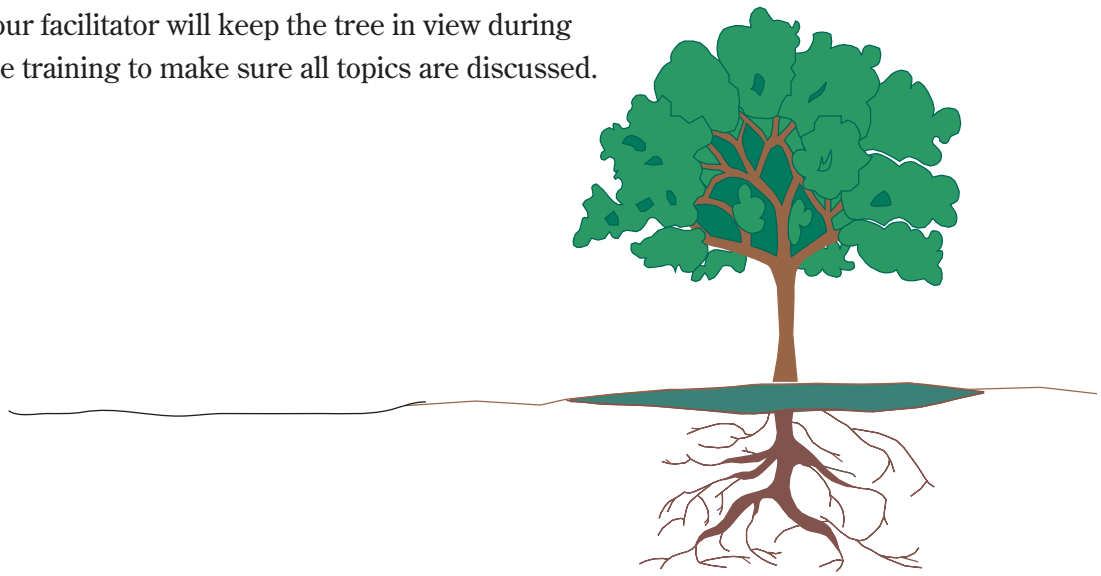
   _____

2. **Write**, on separate post-it notes:
   - One of the topics with a check mark
   - One of the topics with a question mark
   - One topic, if any, that is not included in the training that you would like to know more about

3. On the flip chart with the picture of the tree, **place** a post-it note:
   - On the roots of the tree to indicate what you know the most about
   - On the trunk of the tree to indicate what you want to learn more about
   - On the branches of the tree to indicate what topic you want to learn more about that is not included in the training

4. **Look** at the tree and **discuss** with the group.

Your facilitator will keep the tree in view during the training to make sure all topics are discussed.



Topic 5 – Anatomy of the Breast

A. Breast Anatomy

If a woman does not notice any breast changes during pregnancy, refer her to a lactation specialist and her health care provider.

Breast Size

- Breast size is determined by the amount of fat in the breast. Breast size is not related to the mother's ability to make milk. Most mothers can make enough milk for their babies whether they have small breasts or large breasts.
- Most women have one breast that looks a little different than the other. This is normal.
- During pregnancy the breasts increase in size, the veins show more, and the area around the nipple darkens.

Areola

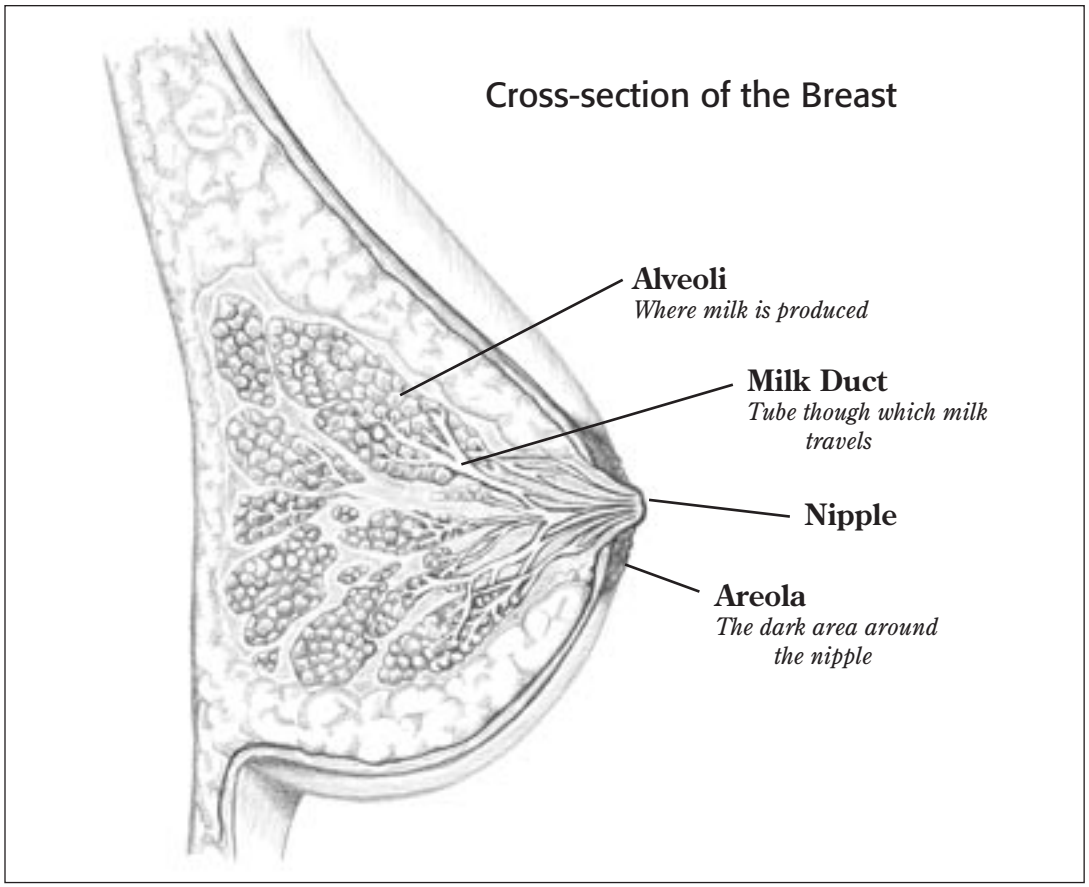
- The areola is the darker skin around the nipple and is a visual target for the baby. The size and color of the areola varies from woman to woman and becomes larger and darker during pregnancy.
- Montgomery glands are small bumps on the areola. They make an oily liquid that protects the nipple from dryness. They also give off an scent that helps the baby find the breast.

Alveoli and Milk Ducts

- The alveoli are grape-like clusters where milk is made.
- Milk ducts carry milk from the alveoli through the nipple.

Nipples

- Nipples are made of muscles and nerves. They contain 7–15 openings for the milk to flow from the breast.
- Nipples come in many sizes and shapes.
- Nipples may change during pregnancy and after childbirth.
- Most babies can latch onto their mother's breast no matter the size or the shape of the nipple.
- Mothers do not need to do anything to get their nipples ready to breastfeed.



Optional Activity

Above is a picture of the breast. To help you remember the anatomy of the breast, **draw** the parts of the breast on a balloon.

- **Take** one balloon (unless you are allergic to latex) and a felt tip pen
- **Blow up** the balloon to the size of a breast
- With a pen, **draw** the nipple, areola, milk ducts and alveoli on the balloon
- **Explain** your balloon to a partner

B. Types of Nipples

Look at the pictures and watch as your facilitator, using a breast model, shows different types of nipples.

Everted Nipple
- Sticks out slightly at rest
- Becomes erect when touched
- Most common type of nipple

Flat
- Flat at rest
- Remains flat despite being touched

Semi-Inverted
- Everted or flat at rest
- Draws in when touched

Inverted Nipple
- Drawn in at rest
- Remains drawn in despite being touched
- May evert after delivery

Wide or Non-stretchable Nipple
- May not reach the back of the baby's mouth
- May be hard for newborns to latch
- May need to provide a breast pump to express milk until baby learns to latch-on

If a mother is worried about her nipples, let her know that she should be able to breastfeed and suggest she contact a lactation specialist and/or her health care provider.

What questions do you have about talking to a mother who is worried about not being able to breastfeed because of her nipples?

C. Breast Surgery

Has anyone known a mother who has had breast surgery? Did she want to breastfeed? Was she able to breastfeed?

Share with the group.

Most mothers who have had surgery to make their breasts larger (implants) or smaller are able to breastfeed. Most mothers who have had any other chest surgery are also able to breastfeed. Some breast or chest surgeries may limit the amount of milk a mother is able to make.

If a mother is worried about whether she can breastfeed because of surgery, suggest she talk to her health care provider or a lactation specialist.

What questions do you have about talking with a mother who is worried she will not be able to breastfeed because of breast surgery?

What questions do you have about breast anatomy?

Topic 6 – Milk Production

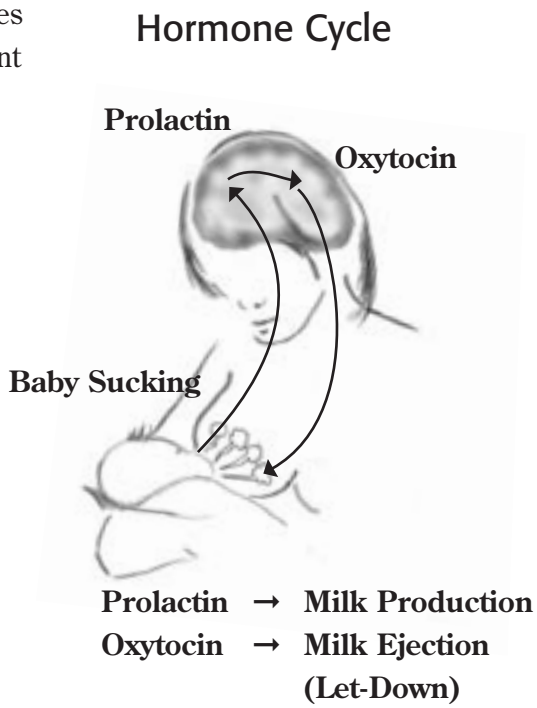
A. Hormones Involved with Milk Production

Turn to a partner and **share** how you felt when you breastfed, or if you are currently breastfeeding, how you feel when you breastfeed. (Relaxed, crampy, etc.)

Many of the feelings mothers have when they breastfeed are caused by hormones. There are many hormones made during breastfeeding. The two most important are made in the brain. They are:

Prolactin
- Tells the breast to make milk
- Makes mothers feel sleepy and calm
- Keeps mother's periods (menstrual cycle) from coming back right away
- Causes motherly feelings

Oxytocin
- Makes milk flow (let-down) out of the breast
- Makes mothers feel relaxed and sleepy
- Causes the uterus to squeeze (contract)
- Helps the uterus shrink back to its normal size
- Causes mothers to bleed less after birth
- Helps mothers have warm, loving feelings for their babies (mother-infant bonding)



What questions do you have about prolactin or oxytocin?

B. Stages of Milk Production

1. Colostrum – The First Milk

   What have you heard mothers say about colostrum?

   Share with the group.

Colostrum is a thick, yellow milk made during the last 3 months of pregnancy. It is also made for several days after the baby is born. It is perfect for newborns and is often called their "first immunization" because it protects babies from illnesses.

Many mothers worry that the small amount of colostrum made is not enough for their baby in the first few days. On the first day of life, a baby only needs about 1 teaspoon of colostrum per feeding. This is because the stomach is about the size of a marble. On the second and third day of life, a baby needs about 1 tablespoon of colostrum per feeding. At this time, the stomach has grown to the size of an unshelled walnut. Most mothers make plenty of colostrum for their babies' tiny stomachs.

A healthy, full-term baby is born full and has plenty of fluids in his or her body. Colostrum helps make the baby stool (go poop). After the baby stools, he or she will not feel so full and will get hungry. A healthy newborn does not need any other fluids, such as formula, water, or sugar water, unless there is a special problem. Breastmilk (colostrum) is the only food healthy full-term (born near their due date) babies need.

2. Changes During Early Milk Production

Sometime between the second and fifth day after birth most mothers feel a change in their breasts. Extra fluid moves to the breast to help make milk. Mother's breasts become fuller, heavier, more sensitive, and may feel warmer. This is a sign that her milk is changing from colostrum to mature milk. The milk made between colostrum and mature milk is often called transitional milk. This change from colostrum to mature milk usually takes about a week or two.

What **concerns** did you have when your milk was changing from colostrum to mature milk?

Share with the group.

3. Mature Milk

Usually, around the end of the second week, breasts are making mature milk. Mature milk changes during the breastfeeding.

Usually, milk fed at the beginning of a feeding (when a mother has not breastfed for a few hours) is:

- bluish and watery
- high in milk sugar (lactose)
- low in fat
- often called foremilk

Usually, milk fed at the end of a feeding is:

- thicker
- whitish and not clear
- higher in fat and lower in milk sugar (lactose)
- higher in calories (energy)
- often called hindmilk

Babies need the higher fat and calories in hindmilk to grow well. Babies that receive too much foremilk may have gas and frothy, liquidy, yellow or green explosive stools and may not grow well.

When a mother has not breastfed for a few hours, encourage her to let the baby finish one breast before feeding with the other breast to make sure the baby receives enough fat and calories.

What **changes** did you notice in your milk at the beginning and end of a feeding?

Share with the group.

Optional Activity—Samples of Foremilk and Hindmilk

Is anyone breastfeeding who would be willing to bring in two samples of breastmilk (one sample before breastfeeding and one sample after breastfeeding) so we can see these differences?

If so, please follow these instructions:

1. If possible, wait at least a couple of hours since you last breastfed.
2. Collect some milk in a container before breastfeeding .
3. Breastfeed your baby.

4. Collect milk from the same breast that baby breastfed from in a different container.
5. Store both samples in the refrigerator.
6. Bring samples to the next session.

C. Milk Ejection Reflex

1. Signs of a Milk Ejection Reflex.

Remember we learned that the hormone oxytocin causes milk to flow from the breast? This is called the milk ejection reflex (MER). It used to be called let-down. We try not to say let-down anymore because mothers thought they should feel *let-down* or depressed. Mothers may be having a MER if they see or feel the following:

- Uterine cramps
- Tingling sensation in the breast*
- Milk dripping from the opposite breast
- Milk appearing in the corner of the baby's mouth
- Sounds of baby swallowing (an "uh" or "pah" sound)
- A feeling of calmness and relaxation

*Some mothers only have a tingling feeling once in a while and some do not have it at all. This is not a reason for concern.

2. Delayed Milk Ejection Reflex (let-down)

In small groups, **share** the following:

Were there times when you were ready to breastfeed but your milk did not flow right away? What do you think caused this? **Make** a list of reasons why you think this could happen.

Compare your list with the following list on the next page.

Delayed Milk Ejection Reflex

A milk ejection reflex, may not happen right away for the following reasons:

- A lot of stress
- Negative remarks from others
- Feeling really tired
- Not enough privacy
- Not enough sucking
- Feelings, such as being embarrassed, angry, or frustrated
- Pain or fear of pain
- Too much caffeine (from coffee or sodas)
- Alcohol
- Smoking
- Drugs

In your small groups, **share** what helped make your milk flow. How would you help a mother who has problems getting her milk to flow?

Share with the large group.

What questions do you have about helping a mother to get her milk to flow?

Topic 7 – Best Start 3-Step Counseling Strategy

A. Best Start Overview

Best Start is a group that has looked at ways to talk to mothers about breastfeeding. They found most mothers know that breastfeeding is better than formula feeding. So why do mothers choose not to breastfeed if they know it is better? Best Start found that many mothers feel the challenges of breastfeeding (such as embarrassment, time and pain) outweigh the benefits.

Best Start came up with ways to talk with mothers about breastfeeding to help them overcome these challenges. It is called the *3-Step Counseling Strategy*. This strategy is also useful when talking with husbands, children, family members and friends.

The 3 steps are:

1. Ask open-ended questions
2. Affirm her feelings
3. Educate

B. The Three Steps

1. Step 1: Ask Open-Ended Questions

The first step is to ask open-ended questions. An open-ended question is one that can have many answers. It is a good idea to ask mothers what they think about breastfeeding rather than if they plan to breastfeed.

Open-ended questions help you find out what the mother thinks. It helps start a conversation. Open-ended questions often start with *What* or *How*. For example:

- "What have you heard about breastfeeding?"
- "What do you know about breastfeeding?"
- "What are your feelings about breastfeeding?"

Closed-ended questions get a yes, no or very short answers. They can begin with *is, are, was, were, have, had, do, does* or *did*. For example, "Do you plan to breastfeed?" is a closed-ended question as the answer is either yes or no. The mother will likely think that the right answer is "yes" and not share any real thoughts with you.

2. **Write** "O" beside the open-ended questions and "C" beside the closed-ended questions.

_____ "Where do you live?"

_____ "What time is it?"

_____ "What does that feel like?"

_____ "How do you feel about that?"

_____ "Is he still in the house?"

_____ "What seems best to you?"

_____ "Does that seem like a good idea?"

_____ "Can you make time for that?"

_____ "How come?"

_____ "What's a good plan for you?"

Share your responses with the group.

3. **Read** the close-ended questions below. **Change** them to open-ended questions.

   "Are you going to breastfeed?"

   _____

   "Is your mother against breastfeeding?"

   _____

   "Are you going to work after the baby is born?"

   _____

   Share your open-ended questions in the large group.

   Find Handout #1, "Open-ended Questions" in the appendix and review. You may find this handout helpful when counseling mothers.

4. **Step 1. Follow-Up Questions**

After asking an open-ended question, you might need to ask another question to better understand what the mother is thinking. Most people do not answer a question with enough information to say what they mean. There are four kinds of "probing" questions you can use to better understand what she is thinking:

Extending questions – *Help you get more information*

- Could you tell me a little more about that?
- What else can you tell me about breastfeeding?
- When you say breastfeeding hurts, could you tell me a little more about that?

Clarifying questions – *Help you find out what the mother really means*

- When you say that it would be uncomfortable for you, are you saying it would be uncomfortable for you, or for someone else who might see you?
- When you say breastfeeding hurts, are you saying it hurts the entire time you are breastfeeding?
- Are you saying you think your mother doesn't want you to breastfeed?

Reflecting questions – *Let the mother know you understand what she said*

- So you think your mother doesn't want you to breastfeed?
- So you feel uncomfortable breastfeeding in front of your family?
- So you feel your baby is still hungry after you feed her?

Re-directing questions – *Help you find out about something else*

- What other concerns do you have about breastfeeding?
- What other questions do you have?
- Can I help you in any other way?

Sometimes it is also a good idea to add extra words that sound kind. For example, "Why not?" may seem mean. A nicer way to say "why not?" could be, "Margie, what can you tell me about why you don't think that's a good idea?" Using the mother's name, repeating her own words, and adding extra words helps when talking to other people.

5. In small groups, **think** of probing questions you could ask after a mother says the following:

   "My boyfriend does not want me to breastfeed."

   _____

   "I can't take the baby with me everywhere I go."

   _____

   "Flopping a big old breast out there just isn't for me."

   _____

   "My sister's milk looked like skim milk."

   _____

6. **Step 2: Affirm Her Feelings**

After you have figured out what a mother may be worried about, the next step is to affirm her feelings. This will help her know that her feelings are normal or okay. Affirming a mother's feelings is respectful and builds trust. Mothers who feel safe will be more likely to open up and listen to your ideas.

Here are examples of affirming statements:

- "I've heard a lot of women say that."
- "That's a pretty common reaction."
- "I felt that way too."
- "My mother told me the same thing."
- "Most women go through a period like that after the baby is born."

7. **Read** the statements below and **write** an affirming response.

"I don't want my breasts to sag."

"I've heard that if you breastfeed you have to be careful about eating good."

"I don't want my father to see me breastfeed."

"I'm afraid I won't be able to make enough milk."

"My mother wants to feed my baby. "

Share your answers with the large group.

8. **Step 3: Educate**

In Step 1, you asked open-ended questions to find out what worries a mother may have about breastfeeding. In Step 2, you let her know her feelings are okay. Now, in Step 3, you share helpful information with her.

1. **Only share information that relates to her worries.** She will pay attention to you if you talk about something that's meaningful to her.
2. **Give information in small amounts.** Most new mothers are feeling overwhelmed. It is hard for new mothers to remember a lot of information. If you give her too much information, she may think breastfeeding is too hard.
3. **Have repeated conversations.** Best Start found that the number of times breastfeeding is talked about is more important than the total amount of time spent talking about breastfeeding. This means it is a good idea to talk to mothers several times before and after the baby is born.

9. Without telling a mother what to do (*i.e. You should…),* what information can you share with mothers who have the following concerns:

   "My sister's milk looked like skim milk. I don't think that is good."

   _____

   "I don't feel anything when my milk is letting down. Does this mean my baby is not getting enough milk?"

   _____

   "My breasts are too small to make enough milk."

   _____

   Share with the group.

   What questions do you have about these Three Steps?

C. Putting it All Together

1. **Silently** read the following three conversations. As you are reading, **think** about what was positive and how the peer counselor could improve. **Discuss** your thoughts in small groups. **Share** your answers with the large group.

Conversation #1:

Peer counselor: "Stacy, what do you know about breastfeeding?"

Donna: "Not much. My sister tried it but she didn't like it."

Peer counselor: "How come?"

Donna: "I don't know."

Peer counselor: "Well, let me tell you about it. It's the best way to go."

Conversation #2:

Peer counselor: "Are you planning to bottle feed?"

Jackie: "Well, I was thinking about it. I don't really have time for anything else."

Peer counselor: "Well, let me give you some information on breastfeeding. Did you know you can pump your milk at any time and then feed it to the baby in a cup or bottle?"

Jackie: "No."

Peer counselor: "Well, you can."

Conversation #3:

Peer counselor: "What do you know about breastfeeding?"

Lori: "Well, I've seen mothers breastfeed before."

Peer counselor: "What did you think when you saw mothers breastfeed?"

Lori: "Well, I don't know. It seemed sorta okay. But it sorta embarrassed me."

Peer counselor: "Could you tell me a little about what seemed embarrassing?"

Lori: "You know, just seeing somebody's breast in a baby's mouth. You don't see that everyday."

Peer counselor: "You said it seemed sorta okay. What about it seemed okay to you?"

Lori: "Well, the mother and the baby seemed so close. She got a real peaceful look on her face."

Peer counselor: "And that seemed pretty good to you?"

Lori: "Yeah. I want to be close to my baby."

Peer counselor: "Many women have these concerns before their baby arrives. But after they try it, a lot of them feel like it's so good for the baby that they forget about feeling embarrassed. Also, there are ways to breastfeed without showing your breast. That bonding you talked about is real important. It makes mothers feel close to their babies. And it makes babies feel secure."

Compare your thoughts with answers on page 26.

I love being a peer counselor. I know that I am making a difference in the world! Babies are healthier because I helped their moms breastfeed.

2. The Three Feedback Conversations

Conversation #1:

What was positive?
Donna's counselor does Step 1 well. She asked an open-ended question and followed it up with an extending question to get more information.

What could be improved?
The counselor could have asked a why question to get more information from Donna. She really did not find out why Donna's sister didn't like breastfeeding. She also forgot Step 2 (affirm her feelings) to make her feel okay about breastfeeding before she went to Step 3.

Conversation #2:

What was positive?
The counselor gave correct information about pumping although it may not have been helpful.

What could be improved?
Jackie's counselor began with a closed-ended question that had Jackie deciding to bottle-feed before she got any information. She did not have a chance to help the mother feel okay because she did not get more information about the mother's specific concern.

Conversation #3:

What was positive?
Lori's counselor did a great job. She began with an open-ended question followed by two questions to get more information. She then asked another question to better understand Lori's concern. Her last question was to tell Lori she understood what her concern was. By questioning Lori so well, she gets Lori to state by herself an advantage to breastfeeding. She reassures her that her feelings are normal. She also gets to tell Lori that her negative feelings can be overcome. Finally, she gives Lori information that helps with her concern and her interest in bonding. Then, she stops. She doesn't overload Lori with too much information.

What could be improved?
This is a great example of a conversation using the 3-Step Counseling Strategy.

Identify which step of the 3-Step Counseling Strategy is most challenging for you.

What questions do you have about using the 3-Step Counseling Strategy?

Topic 8 – Closing Activity and Preview

A. Closing Activity

1. **What** was most helpful to you today? **Share** with the group.
2. **Look** at the tree created at the beginning of this session. What topics were covered today that you wanted to learn more about? **Move** those post-it notes to the roots of the tree. Each day the group will look at the tree to make sure all topics are covered.

B. Preview of Session 2

Read the topics for Session 2.

What topics are you interested in learning more about? **Share** with the group.

C. Homework

1. **Practice** the 3-Step Counseling Strategy in conversation with your family and friends before Session 2. When practicing, focus on the step you identified as being most difficult for you. The more you practice, the easier this counseling strategy will become. Remember, ask questions, affirm feelings, and educate when appropriate.
2. If possible, please bring one or two dolls or stuffed animals, about the size of a baby and a bed pillow to each session. We will use them to practice breastfeeding positions.